

Update to the QI Assessment of Attending Physician Burnout at Lehigh Valley Health Network

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Update to the QI Assessment of Attending Physician Burnout at Lehigh Valley Health Network

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Background

- According to national research, 54.4% of physicians in 2014 experienced burnout, nearly 10% increase from 2011¹
- A year ago, pilot study to establish baseline burnout information among attending physicians of Lehigh Valley Health Network (LVHN) revealed 58% of LVHN physicians experience burnout²
- In response, the Medical Staff Wellness Committee spearheaded a second administration of the Maslach Burnout Inventory (MBI) in 2017 to update the current state of the Network and uncover trends in burnout

Problem Statement

How does the current state of burnout among attending physicians in the Lehigh Valley Health Network compare to when the Maslach Burnout Inventory was previously administered?

Methods

- Cross-sectional investigation, part of IRB-approved study on empathy and burnout conducted at LVHN and University of South Florida (USF)
- MBI-Human Services Survey (MBI-HSS), Jefferson Scale of Physician Empathy, 19 demographics questions, and 2 open-ended questions distributed to all LVHN and USF medical staff via anonymous email link to Qualtrics survey platform
- MBI-HSS: validated tool of 22 statements, 7-point frequency scale

I Feel Emotionally Drained from my Work	Never	A Few Times a year or Less	Once a Month or Less	A Few Times a Month	Once a Week	A Few Times a Week	Every Day
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- MBI scored by burnout domains
 - Emotional Exhaustion (EE)
 - Depersonalization (DP)
 - Reduced personal accomplishment (PA)
- High EE and/or high DP score → Burnout
- Low EE, low DP and high PA scores → Engagement
- Qualitative analysis of responses to 2 open-ended questions using themes from pilot study

Results

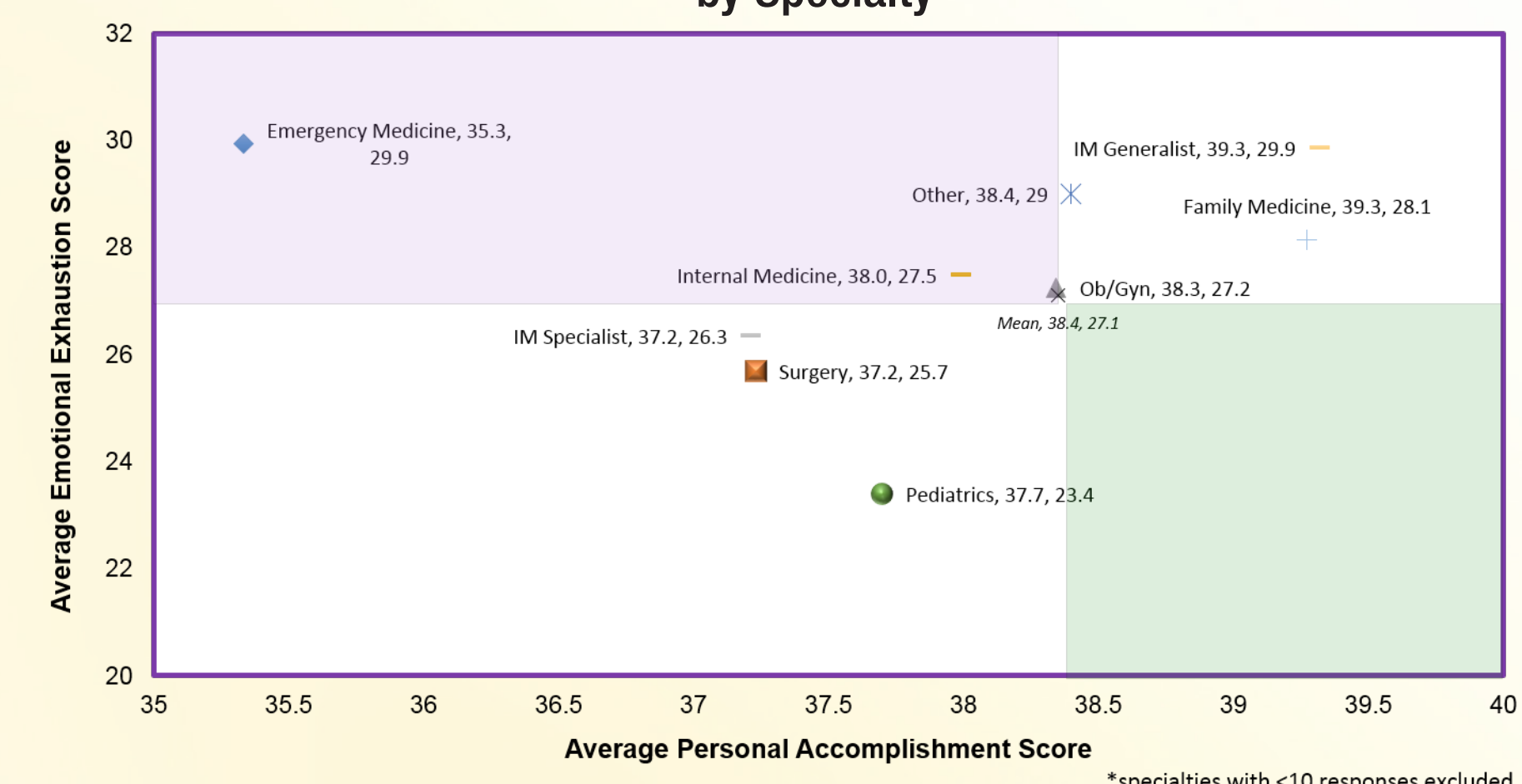
1666 LVHN medical staff surveyed

381 survey responses collected

305 complete, consented responses analyzed (18% response rate)

- 60%** of respondents demonstrated burnout; **14%** of respondents demonstrated engagement
- Female respondents reported greater burnout (68%) and less engagement (11%) than male respondents (54% burned out, 16% engaged)
- Thematic results
 - What would improve your professional state?
 - More realistic balance between workload and time
 - Greater support for extra-clinical activities
 - More appropriate quantity and quality of staff
 - Greater designated time or assistance for administrative workload
 - More positivity and involvement in communication with administration
 - What are the barriers to achieving these improvements?
 - Too much work to do, too little time
 - Lack of efficiency and understanding among leadership
 - Money

Average Personal Accomplishment vs Average Emotional Exhaustion by Specialty*



Comparison of Male and Female Burnout by Experience

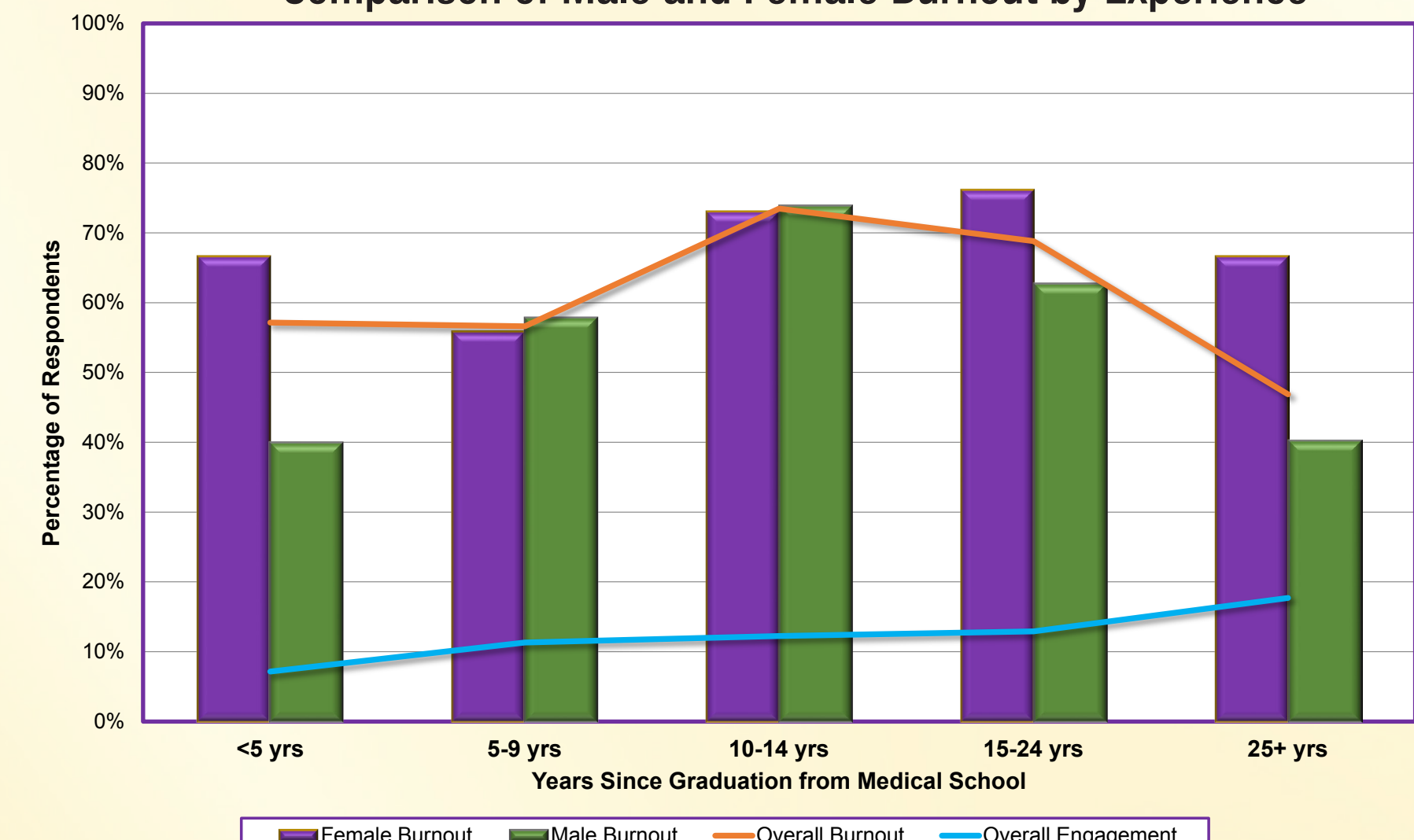


Table 1. LVHN Survey Respondent Demographics		
	Count	Percentage
GENDER		
Male	170	56%
Female	135	44%
PRACTICE SETTING		
Inpatient	97	32%
Outpatient	208	68%
SPECIALTY		
Anesthesiology	2	1%
Family Medicine	62	20%
Neurosurgery	2	1%
Otolaryngology	0	0%
Pediatrics	30	10%
Preventive Medicine	1	0%
Radiology	3	1%
Other	20	7%
Dermatology	0	0%
Internal Medicine	93	30%
Obstetrics/Gynecology	29	10%
Orthopedic Surgery	4	1%
Physical Medicine/Rehabilitation	5	2%
Psychiatry	4	1%
Surgery	26	9%
Emergency Medicine	14	5%
Neurology	7	2%
Ophthalmology	1	0%
Pathology	0	0%
Plastic Surgery	1	0%
Public Health	0	0%
Urology	1	0%
FTE		
.00	0	0%
.01 to .24	2	1%
.25 to .49	7	2%
.50 to .74	19	6%
.75 to .99	41	13%
1.00	236	77%
EXPERIENCE		
Less than 5 years	14	5%
5 to 9 years	53	17%
10 to 14 years	49	16%
15 to 24 years	93	30%
25 or more years	96	31%
TEACHING TIME		
0%	35	11%
1% to 25%	205	67%
26% to 50%	49	16%
51% to 75%	10	3%
76% to 99%	5	2%
100%	1	0%
AGE		
21-30	6	2%
31-40	92	30%
41-50	92	30%
51-60	72	24%
61-70	42	14%
>70	1	0%
MARITAL STATUS		
Single	30	10%
Separated/Divorced	16	5%
Widowed	2	1%
Married or with a Significant Other	257	84%
HOUSEHOLD WITH CHILDREN		
Yes	194	64%
No	111	36%

Conclusions and Implications

- Burnout continues to be a significant phenomenon among LVHN physicians
- Burnout rate increased from 58% in 2016 to 60% in 2017
- Pattern of burnout by domain remains consistent with 2016
 - Burnout primarily driven by high emotional exhaustion
 - Depersonalization slightly greater than norm for medicine
 - Personal accomplishment preserved slightly better than norm for medicine
- These results can guide the nature and targets of potential interventions for improving physician wellbeing at LVHN
- This research marks the first follow-up to the 2016 baseline study and shows annual tracking of burnout can be performed at LVHN

References:

- Shanafelt TD, Hasan O, Dyrbye LN, et al. Changes in Burnout and Satisfaction With Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2014. *Mayo Clinic Proceedings*. 2015;90(12):1600-1613. doi:10.1016/j.mayocp.2015.08.023.
- Shankar P. QI Assessment of Attending Physician Burnout at Lehigh Valley Health Network (LVHN) Using the Maslach Burnout Inventory (MBI).; 2017.

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